

REPORT OF THE COMMITTEE OF THE AMERICAN NEUROLOGICAL ASSOCIATION UPON THE AFTER-CARE OF THE INSANE.

This Committee was appointed upon the motion of Dr. C. L. Dana, of New York, at the meeting of this Association which was held in Washington, at the time of the last (1894) Congress of American Physicians and Surgeons. It was the outcome of a paper which was read and discussed at that meeting on the management of convalescence and the after-care of the insane.¹

The work of the Committee was begun by issuing a circular letter to certain prominent alienists and neurologists in the States of Massachusetts, New York and Pennsylvania. This number was afterwards increased in order to ascertain the sentiment of authorities on the subject in other parts of the country.

The letter ran as follows:

My dear Doctor:—

At a meeting of the American Neurological Association, held at the last Congress of Physicians and Surgeons in Washington, in 1894, a Committee on the After-care of the Insane, consisting of Dr. H. R. Stedman, of Boston; Dr. C. L. Dana, of New York; and Dr. F. X. Dercum, of Philadelphia, was appointed. Its purpose is to investigate and to report to the Association upon some feasible plan for the aid and supervision during the first month or two after their return from asylums to public life, of discharged pauper insane patients, who are recovered or improved.

Asylum physicians often hesitate, you are aware, to set at liberty certain patients whose condition seems to have so far improved as to make it useless to keep them longer under treatment, for fear that, thus thrown suddenly upon their own resources without oversight or perhaps means of support, they will fall back into the old habits of life which gave rise to their insanity. This applies also to patients who have recovered. These unfortunates are also distrusted and prevented from obtaining employment, simply because they have been inmates of an asylum.

These considerations led, in France, to the founding by Dr.

¹Journal of Nervous and Mental Disease, Dec., 1894.

Falret, in 1841, of an association for providing protection, assistance and homes for this class. It was, however, restricted to the department of the Seine. Its efficient operation has led to the recent establishment throughout that country, under the auspices of the French government, of *sociétés de patronage* (aid societies) for such discharged patients. Similar systems are in operation in England and Switzerland.

The office of an after-care society is to find for such discharged patients, according to their individual needs, suitable homes and places of employment; to provide gifts of money, clothing or tools; to redeem articles in pawn; to advance payment for rent, etc., etc., and finally to have them under supervision for the first month or two after their discharge.

We are of the opinion that the same need exists in this country, and that the work within our institutions for the insane should be supplemented by the same measures of outdoor relief on their discharge that have proved advantageous elsewhere. As this is an undertaking which has for its object the diminution of insanity by delaying or possibly preventing relapses, it seems to be called for both in the interest of humanity and of public economy.

The Committee would value your opinion on the subject and respectfully asks replies to the enclosed questions:

I. What are your views as to the practical utility of such an undertaking, generally speaking?

II. In your opinion should such an association be entirely a private charity, or would the co-operation of the State in its work be practicable?

III. Do you think it probable that benefit to a sufficient number of patients would result from the establishment of convalescent homes as departments of, but at a distance from our State hospitals for the insane? This inquiry is suggested by the proved usefulness of convalescent homes as adjuncts to general hospitals, and of summer cottages in connection with private institutions for the insane.

IV. (For superintendents of hospitals for the insane). Will you kindly give a rough estimate of the probable number of patients who have been discharged during the past year from the hospital under your charge, whom you would consider deserving of, and likely to be benefited, by such a charity, mentioning any special instances that may occur to you.

Yours very truly,

HENRY R. STEDMAN,
CHAS. L. DANA,
F. X. DERCUM,

Committee.

The result of this inquiry is as follows: Fifty replies were received; scarcely half a dozen less than the number of letters sent; a remarkable showing for a circular letter. Thirty of these are from superintendents of hospitals for the insane. They are for the most part full and comprehensive and, as might be expected from the practical experience of the writers, throw much light on the question. Thirteen only are from neurologists, as, in view of the apparently unanimous sentiment at the meeting in favor of the general adoption of after-care provisions for the insane, it seemed unnecessary to extend the canvass further in this direction. The remaining six replies are from members of boards of lunacy and charity.

Of the entire number of correspondents but six are either doubtful of the desirability and practicability of after-care associations for the dependent insane, or are decidedly opposed to such a step. The reasons given by them are that the number of cases which are likely to be benefited by such aid is too small to make it advisable; that while such a project might be desirable, it is inexpedient; that while excellent in theory it would be impossible in practice, etc. By far the most forcible argument on this side of the question will be found in the appended letter of Dr. Thos. G. Morton, Chairman of the Committee on Lunacy, of the Board of Lunacy and Charity of Pennsylvania.

On the other hand, the overwhelming majority of forty-four in fifty (or forty-seven in fifty-three, if the Committee be included) express, and in not a few instances, in the strongest terms, their decided belief in the great advantages to result from properly organized and conducted aid societies of this kind for discharged insane patients who are recovered, convalescent or improved. It is impossible within the limits of a committee report to give even a summary of the experience and arguments offered by these observers. The published replies, which are appended,² must be read to adequately appreciate the strength of the sentiment in this direction.

Regarding the number likely to be benefited in this way, the experience of superintendents of hospitals for the insane, as indicated in these replies, is not of much assistance, as the few who replied found it difficult to properly estimate the number of deserving patients. It would seem as though special inquiry of the individual patient when he leaves the hospital as to his circumstances and future surroundings is not customary in many institutions, although in some States he is provided with a sum of money or clothing. Fourteen only of those superintendents, who had charge of the class of patients to whom such a charity would be applicable, answer this question. Of these, nine think that there were "many" appropriate cases among patients who had been discharged from

² The letters will be published in the Transactions of the Association.

the hospitals with which they are or have been connected. Some of them say "great numbers", or "a great many," and one "nearly all discharged." Of the remaining five, three think that a few patients a year from each hospital might, perhaps, derive benefit from such an organization, while two think that no benefit at all would result.

As to the auspices under which such associations should be conducted, it is the general opinion of both the alienists and neurologists that they should by all means be begun as private organizations, and so continued until their utility be demonstrated. If successful, State aid could probably then be obtained.

In reply to the question regarding the advisability of establishing State homes for convalescent patients as a part of the general policy of States toward their insane, there is more diversity of opinion but the same degree of interest and careful consideration of the subject. Scarcely a member of this Association has written in opposition, and of twenty-nine hospital superintendents and other alienists nineteen were warmly in favor of such an accessory provision, five were doubtful of its expediency and five were decidedly opposed to the project. Of four members of lunacy and charity boards, one is in doubt as to its utility and the rest think it would be an unnecessary and useless experiment.

As the result, therefore, of their inquiries on the subject of the after-care of the insane, your Committee reports the following conclusions:

First. It is the general and well-nigh unanimous sentiment of those who are the most conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged recovered convalescent and improved insane patients of the dependent class by organized outside assistance.

Second. As a preliminary step, inquiry should be made of all such patients before they leave the hospital, regarding the mode of life, surroundings and occupation to which they are returning, and appropriate advice given by a medical officer of the hospital. This precautionary measure is, we believe, too often neglected in large institutions for the insane.

Third. The legal provision, whereby an allowance of money and clothing is made in some States to each patient on his discharge, should be adopted by all.

Fourth. Outside assistance can best be provided, we believe, through the medium of an after-care association which, until its utility be proven, should be entirely a private undertaking, and should be organized like most existing charitable associations depending upon voluntary contributions. Obviously, a large city offers the best field for starting and developing such a system.

Fifth. The special methods of after-care relief by such an association should be those employed by similar organizations in other countries: England, France, Switzerland, or a selection of the best methods of each; these may be modified later to meet special conditions.

Such relief should, at first at least, be extended only to the class mentioned, and be understood as temporary, covering only the first month or two following the patient's discharge. The work may be best done by associates or agents appointed for the purpose, who shall find suitable homes and situations for all proper cases. There should also be systematic supervision of the homes by agents for the time specified or until the patient seems to be under good conditions for taking up life and work again. This applies also to patients returning to bad surroundings in their own homes. Reports should be made and records kept of each case.

Sixth. We believe it a duty that is especially incumbent upon this Association to take up in this way the work of the hospital physicians, and to see that the good accomplished in institutions be supplemented by proper outside supervision in appropriate cases; and we would urge its members to actively engage in the formation in their respective States, of relief associations for the after-care of insane patients of this class on their discharge from hospitals, and to endeavor to enlist in the work of co-operation all friends of the insane so far as practicable. To facilitate this, your Committee would suggest that a brief compilation from all available sources of the methods employed by such organizations abroad, be authorized and published by the Association for distribution to all who are interested in furthering this work.

Seventh. Regarding State convalescent homes, there is abundant evidence of the most authoritative kind of the advantages to follow from their establishment, but, in our opinion, the first reform in the order of precedence should be the general recognition of the necessity of separate hospital treatment of insanity in its early and active stage, and the actual adoption of special provision for the "acute" insane as an indispensable step in the hospital treatment of public insane patients. Only when this result is reached should separate establishments exclusively for convalescents be added to the already large burden of expense for our dependent insane.

The Committee acknowledge with gratitude the assistance given them by the numerous and full replies to their circular letter.

HENRY R. STEDMAN,
C. L. DANA,
F. X. DERCUM,

Committee.